

Fill in this information to identify the case:

Debtor 1 AUTO MASTERS, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE District of TENNESSEE
(State)

Case number 3:17-07036-CMW

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? American Express Travel Related Services Company, Inc.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Becket and Lee LLP</u> Name	_____ Name
<u>PO Box 3001</u> Number Street	_____ Number Street
<u>Malvern PA 19355-0701</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>610-228-2570</u>	Contact phone <u>610-228-2570</u>
Contact email <u>proofofclaim@becket-lee.com</u>	Contact email <u>payments@becket-lee.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?** No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1 0 0 4

7. **How much is the claim?** \$24,874.36 **Does this amount include interest or other charges?**
 No Yes Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?** Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as healthcare information.

 CREDIT CARD

9. **Is all or part of the claim secured?** No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage *Proof of Claim Attachment* (Official Form 410-A) with this Proof of Claim.
 Motor vehicle _____
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed Variable

10. **Is this claim based on a lease?** No Yes. **Amount necessary to cure any default as of the date of the petition.** \$ _____

11. **Is this claim subject to a right of setoff?** No Yes Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?** No Yes. *Check one:*

	Amount entitled to priority
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/8/2017
MM / DD / YYYY

/s/ Gregory P Deegan
Signature

Print the name of the person who is completing and signing this claim:

Name Gregory P Deegan
First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001
Number Street

Malvern PA 19355-0701
City State ZIP Code

Contact phone 610-228-2570 Email proofofclaim@becket-lee.com



**Corporate Card
Statement of Account**

**Sign-up For Online
Statements**
www.americanexpress.com/checkyourbill

Prepared For
MARK M JANBASH
AUTO MASTERS, LLC

Account Number
1004

Closing Date
09/28/17

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By Due \$ 10/13/17
50,841.50	0.00	0.00	25,841.50	125.64	24,874.36

For important information regarding your account refer to page 2.

Cancelled. Assigned to collection agent.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Corporate Card Snapshot

Card Number	Card	New Charges + Other Debits	Payments + Other Credits
1004	MARK M JANBASH	0.00	-25,841.50
1046	HARRY B BUTLER III	0.00	-125.64
	Total	0.00	-25,967.14

Activity

Date reflects either transaction or posting date

Card Number	1004	Reference Code	Amount \$
08/28/17	AGENCY REMITTANCE	08/28	-10,841.50
09/26/17	AGENCY REMITTANCE	09/26	-15,000.00
Total for MARK M JANBASH		New Charges/Other Debits	0.00
		Payments/Other Credits	-25,841.50

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

MARK M JANBASH
AUTO MASTERS, LLC
4601 NOLENSVILLE PIKE
NASHVILLE TN 37211

Account Number 1004 Payable upon receipt in U.S. Dollars.

Please Pay By 10/13/17 Enter 15 digit account number on all payments.

Amount Due \$24,874.36

Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

Mail Payment to:

AMERICAN EXPRESS
P.O. BOX 650448
DALLAS TX 75265-0448





Prepared For
MARK M JANBASH
AUTO MASTERS, LLC

Account Number

1004

Closing Date

09/28/17

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Activity Continued

Card Number	1046	Reference Code	Amount \$
09/27/17	ACCU-TECH CORPORATIO ALPHARETTA GA		-125.64
	REF# ROOMTWO 7707519473 09/25/17		Credit
Total for HARRY B BUTLER III		New Charges/Other Debits	0.00
		Payments/Other Credits	-125.64

American Express Travel Related Services Company, Inc.
 c/o Becket and Lee LLP
 Attorneys/Agent for Creditor
 PO Box 3001
 Malvern , PA 19355-0701

Bankruptcy Information	
Case Number:	3:17-07036-CMW
District:	MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION
Chapter:	11
Petition Date:	10/17/2017
Debtor(s) Name:	AUTO MASTERS, LLC

Claim Balance Itemization	
Debtor(s) Name:	AUTO MASTERS, LLC
Debtor(s) SSN:	***-**-8678
Debtor Address:	4601 NOLENSVILLE PIKE NASHVILLE, TN 37211
Account Number:	*****1004
Name of entity from whom the creditor purchased the account : N/A	
Name of entity to whom the debt was owed at the time of the last transaction by the account holder: American Express	
Account Type:	CREDIT CARD
Open Date:	06/14/2013
Charge Off Date:	10/2017
Last Payment Date:	09/2017
Last Transaction Date:	06/2017
Principal:	\$24,874.36
Interest:	\$0.00
Fees:	\$0.00
Total:	\$24,874.36

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:17-bk-07036 Auto Masters, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:** 02/15/2018
Trustee: **Last Date to file (Govt):**

Creditor: (6502559) **Claim No:** 2 *Status:*
American Express Travel Related *Original Filed* *Filed by:* CR
Services Company, *Date:* 11/08/2017 *Entered by:* GREG DEEGAN
Inc. *Original Entered* *Modified:*
c/o Becket and Lee LLP *Date:* 11/08/2017
PO Box 3001
Malvern PA 19355-0701

Amount claimed: \$24874.36

History:

[Details](#) [2-1](#) 11/08/2017 Claim #2 filed by American Express Travel Related Services Company,, Amount claimed: \$24874.36 (DEEGAN, GREG)

Description: (2-1) CREDIT CARD

Remarks:

Claims Register Summary

Case Name: Auto Masters, LLC
Case Number: 3:17-bk-07036
Chapter: 11
Date Filed: 10/17/2017
Total Number Of Claims: 1

Total Amount Claimed*	\$24874.36
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		